

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

Page 1 of 3

Command: Fresno	Division: Central	Chapter: 12
Inspected by: B. R. Haight, Sergeant		Date: December 21, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection:  10	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Central Division  Due Date: January 01, 2010	

Chapter Inspection: 12

**Inspector's Comments Regarding Innovative Practices:**

The Area takes measures to ensure the reduction of work related injuries and illnesses through on-going training and an emphasis on safe work habits stressed during briefings, training days, supervisory ride-a-longs, and monthly and annual performance evaluations.

**Command Suggestions for Statewide Improvement:**

**Inspector's Findings:**

A review of OSHA Form 300, CHP 121 Forms, CHP 442 Forms, and Injury/Illness logs showed a slight increase in work related injuries and illnesses in 2009. There were 26 work related injuries and illnesses in 2008 compared to 33 in 2009; however, no common trends were identified.

**1. Goals and Accomplishments**

The number of recordable vehicle collisions (car and motorcycle) also increased in 2009 over 2008. Two of the recordable collisions resulted in injury (one motor officer and two car officers). There was no common trend in their cause.

The number of preventable recordable vehicle collisions (car and motorcycle) in 2009 remained the same as 2008 with 2, below the goal of 4. Neither preventable recordable vehicle collision resulted in injury.

The number of disabling injuries increased in 2009. Two of the five disabling injuries were the result of a single, recordable vehicle collision. A third disabling injury, involving one of those employees, was a cumulative injury related to that collision. Discounting that incident, disabling injuries decreased from 2008.

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**2. Participation**

The Commander is actively involved in occupational safety. He is a member of the Command Occupational Safety Committee (COSC) and attends the meetings. He comments on occupational safety during training days, on performance appraisals, and at Area Staff Meetings. Occupational safety comments are made on CHP 100 forms monthly and on annual performance appraisals.

**5. Documentation**

Area does not maintain copies of CHP 712 or CHP 712A with the IIPP file; however, copies of the forms are filed in a central file and maintained by the Command Safety Coordinator. The central file was developed in order to increase efficiency and ensure personnel receive adequate training.

**7. Communication with DOSH**

Area personnel have been instructed on procedures regarding Division of Occupational Safety and Health (DOCH) inspections. Employees are briefed twice annually on the review of DOSH inspection procedures, the location of the IIPP and EAP materials.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Inspected by: <b>B. R. Haight, Sergeant</b>		Date: <b>December 21, 2009</b>

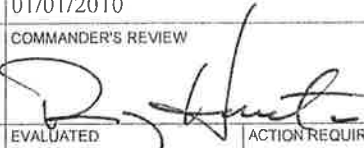
Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>12/28/09</b>
	INSPECTOR'S SIGNATURE 	DATE <b>1-1-10</b>
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

*BAC/L-2 1/4/10*  
*R.H. 1/4/10*

AREA Fresno	DIVISION Central	NUMBER 435
EVALUATED BY B. R. Haight		DATE 12/21/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 01/01/2010			
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 1/5/10			
<b>1. GOALS AND ACCOMPLISHMENTS</b>		<table border="1"> <tr> <td>EVALUATED Yes</td> <td>ACTION REQUIRED No</td> <td>CORRECTED No</td> </tr> </table>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED No
EVALUATED Yes	ACTION REQUIRED No	CORRECTED No			

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☒ Yes ☐ No

(3) Are injuries increasing? ☒ Yes ☐ No

(4) Why are they increasing/decreasing? Refer to attached Exceptions Document

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

## 2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED No
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Refer to attached Exceptions Document

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**3. ACCIDENT AND INJURY TRENDS**

EVALUATED	ACTION REQUIRED	CORRECTED
Yes	No	No

a. Commander's method of identifying trends? The Commander identifies trends through critical review of work-related injury and illness documentation, and active involvement in injury and illness case management. Accidents and injuries are being monitored to identify trends and are discussed at Command Occupational Safety (COSC) meetings.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Although no local trends exist at this time, the Commander utilizes examples of trends from other areas as well as information provided in Division Occupational Safety Committee meetings to ensure those trends so not become an issue in the Area. Action items are assigned to COSC members to address.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED No	
a. What is the composition of the COSC? Commander, Executive Officer (Chairperson), sergeant (Coordinator), four officers, public safety dispatcher, office assistant, automotive technician, and maintenance technician.				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> Yes
		<b>CORRECTED</b> No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b> No
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> Yes	<b>CORRECTED</b> No
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b> No
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	



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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
	Yes	No
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

The Area Occupational Safety Program is designed to promote employee safety and well-being. It is the Area's intent to achieve all occupational safety goals. Area personnel are actively involved in various aspects of the program and are knowledgeable about occupational safety goals. Occupational safety training is provided regularly by qualified instructors. The program fulfills the requirements of the IIPP, HPM 10.6, and HPM 10.7. An exemplary attitude toward occupational safety is projected by the Area.

## Memorandum

Date: January 11, 2010

To: Office of Assistant Commissioner, Inspector General  
Office of Inspections

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Central Division

File No.: 401.11497.17203.OccSafeInsp435

Subject: OCCUPATIONAL SAFETY INSPECTION-FRESNO AREA

On December 21, 2009, Fresno Area performed an Occupational Safety Inspection. Attached are the completed CHP 453M, Area Management Evaluation, Occupational Safety Inspection and CHP 680A, Command Inspection Program, Exceptions Document.

If there are any questions, please contact Lieutenant J. C. Elsome at (559) 277-7250.

  
J. R. ABRAMES, Chief

Attachment

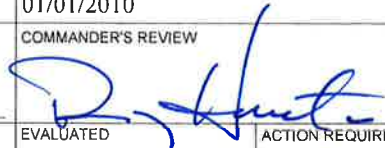
cc: Office of Assistant Commissioner, Field



*Safety, Service, and Security*

AREA Fresno	DIVISION Central	NUMBER 435
EVALUATED BY B. R. Haight		DATE 12/21/2009

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TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 01/01/2010			
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 1/5/10			
<b>1. GOALS AND ACCOMPLISHMENTS</b>		<table border="1"> <tr> <td>EVALUATED Yes</td> <td>ACTION REQUIRED No</td> <td>CORRECTED No</td> </tr> </table>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED No
EVALUATED Yes	ACTION REQUIRED No	CORRECTED No			

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes    ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes    ☐ No
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- (6) Are employees knowledgeable about goals and achievements? ☒ Yes    ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes    ☐ No

<b>2. PARTICIPATION</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED No
a. Commander actively involved in program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) Commander active in injury/illness case management?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(2) What is the commander's attitude regarding occupational safety? Refer to attached Exceptions Document			

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>3. ACCIDENT AND INJURY TRENDS</b>	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	No

a. Commander's method of identifying trends? The Commander identifies trends through critical review of work-related injury and illness documentation, and active involvement in injury and illness case management. Accidents and injuries are being monitored to identify trends and are discussed at Command Occupational Safety (COSC) meetings.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Although no local trends exist at this time, the Commander utilizes examples of trends from other areas as well as information provided in Division Occupational Safety Committee meetings to ensure those trends do not become an issue in the Area. Action items are assigned to COSC members to address.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED No
a. What is the composition of the COSC? Commander, Executive Officer (Chairperson), sergeant (Coordinator), four officers, public safety dispatcher, office assistant, automotive technician, and maintenance technician.			
(1) Is there representation from each collective bargaining unit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No